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031204  1711 U.S. PTO	<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No. <b>END -5134</b>	First Inventor: Paul G. Ritchie et al. Title: <b>MEDICAL APPARATUS AND METHOD USEFUL FOR THERMAL TREATMENT OF A LUMEN</b>
	I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS-Patent Application, PO Box 1450, Alexandria, VA 22313.		
	Name: <u>Linda F. Hansen</u> Date: March <u>12</u> , 2004 Linda F. Hansen		
	Express Mail Label No. <b>ER 593 022 870 US</b>		
<b>APPLICATION ELEMENTS</b> <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		<b>ADDRESSED TO:</b> Commissioner for Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification Total Pages: <b>34</b> <i>(Preferred arrangement set forth below)</i> X Descriptive Title of the Invention X Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix X Background of the Invention X Brief Summary of the Invention X Brief Description of the Drawings <i>(if filed)</i> X Detailed Description X Claim(s) X Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> <b>10 Total Sheets</b> 5. Oath or Declaration <b>[4 Total Pages]</b> a. <input checked="" type="checkbox"/> EXECUTED b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Application Cover Sheet w/Express Mail Certification	
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No Prior application information: Examiner: _____ Group Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
<b>20. TELEPHONE CONTACT:</b> Gerry S. Gressel Please direct all telephone calls or telefaxes to: Telephone: (513) 337-3535 Fax: (513) 337-8489			
<b>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
NAME		Gerry S. Gressel	
SIGNATURE		Reg. No. 34,342	
DATE		March <u>12</u> 2004	

15439 U.S. PTO 10/799089

031204

 17175 U.S. PTO 031204	<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
		Application Number	
		Filing Date	March 12, 2004
		First Named Inventor	Paul G. Ritchie
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	END-5134

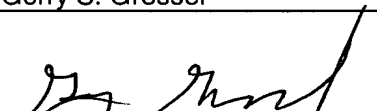
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	- 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	- 3 =	0	x 86.00	\$ 0/00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$770.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END-5134/GSG in the amount of \$770.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-5134/GSG. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>			<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel		Reg. No. 34,342
Signature		Date: March 12 2004	<b>Deposit Account No. 10-0750</b>